



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTH PROFESSIONS LICENSURE
BOARD OF REGISTRATION IN NATUROPATHY
250 WASHINGTON STREET
BOSTON, MA 02108
800-414-0168
617-973-0806
www.mass.gov/dph/boards

**NATUROPATHIC DOCTOR LICENSE APPLICATION
INSTRUCTIONS**

Please read these instructions carefully. All supporting materials must be submitted at the same time for an application to be deemed complete.

Incomplete applications will not be reviewed by the Board until all documentation is received.

General Information About the Application Process:

You are unable to practice in Massachusetts as a Naturopathic Doctor until you are licensed by the Board of Registration in Naturopathy (the Board). Beginning the date the Board's regulations are promulgated, currently practicing Naturopathic Doctors will have six (6) months to become licensed by the Board.

Once a completed application is received by the Board, it takes a **minimum of 3-5 weeks** to review the completed application and determine if any additional information is required. Once complete, applications are processed for the issuance of a license in the order received. Every effort is made to process license applications in a timely manner; however, the Board is unable to expedite the processing of applications.

To facilitate the processing of your application, please follow the instructions below:

- Application and DCJIS must be submitted on single-sided paper.
- Provide all the information requested and N/A for areas that are not applicable. **DO NOT LEAVE BLANKS.**
- If you are unable to provide the requested information, attach a separate sheet with an explanation.
- Missing information and/or failure to provide requested information will delay the processing of your application.
- Incomplete applications will remain active for 365 days from the date of receipt.
- All fees are non-refundable and non-transferable

An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment or for housing or an occupational or professional license may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

Submission of completed application and fee acknowledges that the applicant understands and agrees to all provisions herein. As an applicant, it is your responsibility to ensure that **ALL** supporting documentation for licensure is sent directly to the Board and to check with the Board on the status of your application. A key reminder, applications are voided if requirements for Naturopathic Doctor licensure are not met within one (1) year from the date of Board receipt of this application.

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There are three pathways to become a licensed as a Naturopathic Doctor in Massachusetts. They are: (1) by examination, (2) reciprocity, and (3) without examination.

- Retain a copy of the completed application for licensure for your records. **The Board is not able to provide copies of the application.** Employers may require that you provide them with a copy.

CHECKLIST

All complete applications must include the following documents:

☐ Completed application form, signed and dated by the applicant and **notarized**. **Please sign and date the Criminal Offender Record Information Acknowledgement Form & Application in the presence of the Notary Public. Do not pre-date and sign the application and DCJIS Acknowledgement form, otherwise, this could further delay the processing of your application.**

☐ Signed and **notarized** Department of Criminal Justice Information Services Acknowledgement Form (DCJIS). Please submit the latest version of the form available directly on the board's website.

☐ 2x2 passport style color photo; white or off-white background; copies and printer generated photos are not acceptable.

☐ Check or money order payable to the Commonwealth of Massachusetts for \$600.00; cash or foreign currency is not accepted.

☐ Official transcripts submitted in signed, sealed envelopes from a **bachelor's program** or equivalent. When requesting official transcripts, please inform each school's registrar that the transcript must be complete and indicate the degree and date conferred in mm/dd/yyyy format.

☐ Official transcripts **submitted in signed, sealed envelopes** from a **doctor of naturopathic medicine or doctor of naturopathy program/degree**. When requesting official transcripts, please inform each school's registrar that the transcript must be complete and indicate the degree and date conferred in mm/dd/yyyy format.

☐ Curriculum Vitae (CV)

☐ Verification of licensure status, **in signed, sealed envelopes**, from any state or jurisdiction in which you now or have ever held any professional license or board certification. Verifications must be sent directly to the Board by the state or other jurisdictions.

☐ If you hold, or have ever held, any professional license or certification, you must request a National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank Self-Query and

submit the **Original** report in a signed and sealed envelope with this application. To request a Self-Query, please contact the National Practitioner Data Bank at 1-800-767-6732 or <http://www.npdb.hrsa.gov/>. Keep a copy for your records.

NOTE: If you do **NOT** hold and have never held any professional licenses in any other state, you do not need to submit a National Practitioner Data Bank self-query.

Application with Exam or by Reciprocity

- ☐ Primary Source Verification of NPLEX examination results from the North American Board of Naturopathic Examiners (NABNE). For more information about the NPLEX exam, please visit NABNE at <https://www.nabne.org/home/exam-overview/>.

Application without Exam

- ☐ Naturopathy Practice History

NOTE: Refer to checklist at the end of the application

- ☐ Two Letters of Recommendation

NOTE: At least one shall be from a licensed N.D., M.D., or D.O.

- ☐ Certificates of Completion for fifty (50) hours of continuing education (CE) obtained during the past two years

- ☐ An Essay describing the Applicant's scope of practice

NOTE: Essays must be **500 words or less**.

IMPORTANT INFORMATION:

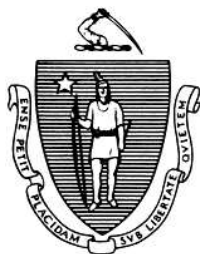
Pursuant to 273 CMR 3.08, Board regulations state that a Naturopathic Doctor applicant/registrant must notify the Board in writing of any of the following events within thirty (30) days of their occurrence: change of address of record of applicant/registrant; change of the applicant/registrant's principal place of business and any other address at which the applicant/registrant is currently engaged in practice; any change in the name of the applicant/registrant; or, the permanent departure of the applicant/registrant from the Commonwealth of Massachusetts.

Failure to update your address may result in failure to receive a license renewal application and expiration of your license. The address of record is where the Board mails your license and any correspondence. Pursuant to 273 CMR 4.03 (3)(c) a Naturopathic Doctor must notify the Board in writing immediately and in no case after five business days of any change of practice location and address.

The address of record is the address printed on your license and is a **PUBLIC RECORD** that is available to anyone who requests it. If you are using your home address, you may wish to consider changing this to an office address. Address changes may be done online at the board's website www.mass.gov/dph/boards or you may obtain a form online to submit to the Board's office.

Answers to many questions may be found on the Board's website. Statutes and regulations governing Naturopathic Doctor licensure and practice may be found on the website; they are also available for purchase from the State House Bookstore, Massachusetts State House, Room 116, Boston, MA 02108, 617-727-2834.

For further information, please contact the Board office at 1-800-414-0168 or 617-973-0806.



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COMPLETE ALL QUESTIONS
License Application Fee - \$600.00

1. Applicant Name: _____
Last First Middle
a. Maiden Name/Other Name (if applicable):

_____ Last First Middle

2. Address of Record: _____
No. Street Apt. #

_____ City/Town State Zip Code

3. Permanent Residence: _____
(If different than Address of Record No. Street Apt. #
- MUST BE FILLED IN)

_____ City/Town State Zip Code

4. Telephone Number(s) Day: _____ Evening: _____ Cell: _____

6. _____ / _____ / _____
Date of Birth (mm/dd/yyyy) **Place of Birth** (city/state/country)

HEIGHT: _____ Feet _____ Inches **WEIGHT:** _____ Lbs. **EYE COLOR:** _____

Sex: M F (Circle One) MOTHER'S MAIDEN NAME: _____

Email: _____

7. **SOCIAL SECURITY NUMBER (SSN) (disclosure is mandatory):** _____ / _____ / _____

Pursuant to G.L. c. 62C, s. 47A, the Bureau of Health Professions Licensure is required to obtain your SSN and forward it to the Massachusetts Department of Revenue. The Department of Revenue will use your SSN to ascertain whether or not you are in compliance with Massachusetts tax laws (G.L. c. 62C, s. 47A) and child support laws (G.L. c. 119A, s.16).

FOR BOARD USE ONLY

Application Number: _____ Receipt Number: _____

License Number: ND

PATHWAY

☐ By Examination

☐ Without Examination

☐ By Reciprocity

EDUCATION

Submit official transcript in a signed, sealed envelope. All transcripts must indicate the degree earned and the date conferred.

8. Bachelor's Program Name/Location: _____

Degree awarded: _____ Date of Graduation: ____/____/____
(mm/dd/yyyy)

9. ND Program Name/Location: _____

Degree awarded: _____ Date of Graduation: ____/____/____
(mm/dd/yyyy)

EXAMINATION

Applicant must arrange for official written documentation of certification to be sent directly by NABNE.

☐ I have taken the NPLEX examination.

☐ I have made arrangements for NABNE to send verification of my NPLEX exam scores to the Board.

VERIFICATION OF OTHER LICENSES/BOARD CERTIFICATIONS

10. LIST BELOW ALL OTHER PROFESSIONAL LICENSES AND BOARD CERTIFICATIONS EVER HELD; INCLUDE ALL STATES AND JURISDICTIONS, CURRENT AND EXPIRED LICENSES. IF APPLYING BY RECIPROCITY INCLUDE THE RELEVANT LICENSE HERE.

☐ I DO NOT CURRENTLY HOLD AND HAVE NEVER HELD ANY PROFESSIONAL LICENSE OR CERTIFICATION IN ANY STATE OR JURISDICTION.

Issuing State/Jurisdiction

Profession

License/Certification Number

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant must arrange for official documentation of current license status from each state or jurisdiction to be mailed directly to the Board in a signed, sealed envelope.

QUESTIONS

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS PLEASE ATTACH A SEPARATE SHEET EXPLAINING THE CIRCUMSTANCES.

11. Have you ever been denied a license, or ever withdrawn or attempted to withdraw an application, for any professional license in the United States or any country or foreign jurisdiction?

Yes ☐ No ☐

12. Has any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction taken any disciplinary action against you?

Yes ☐ No ☐

13. Are you the subject of any pending disciplinary action by any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction?

Yes ☐ No ☐

14. Have you ever voluntarily surrendered or resigned any professional license or board certification in the United States or any country or foreign jurisdiction?

Yes ☐ No ☐

15. Have you ever been arrested, charged, arraigned, indicted, prosecuted, convicted or been the subject of any criminal investigation or any court proceeding in relation to any criminal violation? Do not report minor violations for which a fine of \$250 or less was imposed.

Yes ☐ No ☐

16. Have you ever been court martialled or other than honorably discharged from the armed services (military) of the United States or of any country or foreign jurisdiction?

Yes ☐ No ☐

RELEASE

I hereby authorize all hospitals, institutions, credentialing agencies, organizations, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and entities (local, state, federal, or foreign) to release to the Board of

Registration in Naturopathy any information, files or records requested by the Board in connection with the processing of my application. I further authorize the Board of Registration in Naturopathy to release information contained in this application in association with its processing.

AFFIDAVIT OF APPLICANT

To the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by state law and do not owe child support.

I understand that the Board is certified by the Massachusetts Criminal History Systems Board for access to Criminal Offender Record Information (CORI), including conviction and pending criminal case data. As an applicant for a license to practice as a Naturopathic Doctor, I understand that a CORI check may be conducted by the Board for conviction and pending criminal case information only and that the CORI results will not necessarily disqualify me.

I understand that I am responsible for reading and understanding the laws and regulations governing practice as a licensed Naturopathic Doctor in Massachusetts and I hereby agree to comply with such laws and regulations.

I understand that this application for licensure as a Naturopathic Doctor shall be deemed no longer valid if requirements for full licensure as a Naturopathic Doctor are not met within one (1) year from the date of Board receipt. I also understand that fees are non-refundable and non-transferable.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that any failure to provide truthful and accurate information in connection with this application for licensure may be grounds for the Board of Registration in Naturopathy to deny issuance of a license; to suspend or revoke a license issued to me; and to deny renewal of a license issued to me, all in accordance with Massachusetts law.

APPLICANT SIGNATURE _____ DATE _____

PRINT NAME _____

**Attach a recent
passport
photo
(2x2)**

NOTARY NAME: _____

COMMISSION EXPIRES: _____

INCLUDE A NONREFUNDABLE FEE OF \$600.00 (CHECK OR MONEY ORDER) PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS

[Seal]